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*THE SERVICE TO NERVOUS INVALIDS OF THE  
PHYSICIAN AND OF THE MINISTER*

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Nervous invalidism as a specific problem is in one way or another everybody's concern. The invalid himself naturally wishes to get well; but he should recognize that it is possible to be sound in mind even though limited in bodily strength, and should come to see with peculiar clearness some of the needs and dangers and opportunities that illness may bring. We are apt to construe health too narrowly, and to forget the relations of both health and illness to character and insight.

It is better that invalids should think of themselves as students and teachers of an important subject than that they should feel themselves to be objects of commiseration. The community needs the counsel of the intelligent invalid in deciding how the problem of invalidism should be met.

But the well should likewise understand this problem. Not only are they neighbors to the sick, but the strongest person's health is not so secure that he may not at any moment be called upon to face the responsibilities of illness, and he should have a fair and just conception of the nature of these responsibilities. The problem is also of importance for the parent and the school-teacher. For the more closely the subject of the origin of nervous invalidism is studied, the more clearly it appears that this condition often rests upon tendencies formed in childhood, frequently overshadowed shortly afterwards, but having a strong liability to reappear under new forms. The nervous child's greatest danger seems to lie in misdirected repressions and concealments; while the best means of prevention consist in giving him intelligent sympathy and explanation, the chance to develop his powers through well-directed activity, and the conditions favorable to good bodily health. The ignorance of the nature of their children shown by

well-meaning parents, and the cruelty due to ignorance, have been a source of nervous invalidism to a degree that we are now learning to appreciate. A more than halfway readiness on the part of parents and teachers to talk with children over their difficulties, freely and in a liberal spirit even if without expert knowledge, is often of immense service, while there can be no question but that there is abundant room for expert knowledge. Through the studies of physicians into the working of the disordered mind, facts are being gathered which parents and teachers will be able to utilize in the service of good mental health. A portion of these facts have already been made public, but it is certain that there are many more to come.

Even in drawing this hasty outline of the influences which favor healthy childhood, it would be unjust to omit mention of the importance of the religious training of the child, and of the principle recognized by the best educational systems, but especially by the kindergarten, that moral development and intellectual development may go on, not only side by side, but as a double outcome of many single efforts.

For many persons, the religious sentiments acquired in childhood serve, in later years, as their best defence against the demoralization with which illness threatens them, but there are others for whom religious doctrines have proved a source of excitement of a morbid sort. Even at this day, nervous invalids occasionally present themselves to physicians, whose childhood was made terrible by the doctrines of eternal damnation and the unpardonable sin. It is true that the children who take these doctrines so seriously to heart are usually of the sort to whom a sense of dread is natural, and whose own brothers and sisters may have turned an indifferent ear to the same teaching; but, none the less, the experience of the more sensitive children should serve as a valuable warning.

The child's own home, the kindergarten, the school-room, the playground, and all the other centres where eager children congregate are likewise places where all who seek means for preventing nervous invalidism, whatever their professions, can meet in imagination, as on common ground. Few persons would dispute the view that the encouragement of personal enthusiasm,

of personal skill and effort, and of the habit of personal effacement for the general good, that mark so many different educational movements of the present day, counts against invalidism and for good health.

Finally, the problem of nervous invalidism comes home to the psychologists, the physicians, the clergymen, the social workers. All such persons and all such classes of persons may make some contribution towards its solution, but each should realize that this opportunity entails a corresponding responsibility. The contribution, to be of value, should be based on adequate knowledge, and should be made with the best interests of the community as a whole in clear sight. This last point is of great significance. We ought to conceive of the community as personified, as marshalling its forces to meet the dangers that confront it, and as indicating to individuals and to professions their appropriate duties and opportunities, with the double purpose of founding systems endowed with the capacity for healthy growth and of encouraging individual enterprise. Every one concerned may and should study into the facts of nervous invalidism with the intention of forming a personal judgment as to what measures ought to be adopted with regard to them; but, when it comes to making expert application of this knowledge upon a large scale, every one should recognize that the best interests of the community demand the separation of those who work in its behalf into separate professions, organized so as to secure for each individual member a thorough, guaranteed training, subject to ready criticism and supervision. Private persons, school-teachers, clergymen, physicians, and social workers may profitably work in common, sharing and contributing to each other's knowledge, using each other's weapons, enjoying each other's confidence, but always under a tacit agreement that every one should recognize the importance of promoting the steady growth in expert skill of special groups of workers, the gain in strength and public confidence of professions and of systems; in other words, with a view to the best interests of the community as a whole.

The progress which the last forty years have seen with regard to the study of the nervous system and the mind has taken two strikingly different lines. On the one hand, any one who really

considers, in the light of accurate knowledge, what it means to acquaint one's self not only with medicine and surgery in general, but with the anatomy and the physiology of the nervous system, psychology in its new developments, philosophy and metaphysics—all of which are closely correlated studies, and all necessary for an adequate knowledge of the working of the mind—must realize that the department of nervous diseases is the most difficult of any with which the physician has to deal. It is so difficult that even the most advanced thinkers and observers feel themselves still groping in the dark, though not without visions illuminated by certain brilliant gleams of light.

Yet, on the other hand, in spite of all difficulties, this subject has a very popular and very fascinating side, and to that side the public has been effectively introduced. Of late years we have been showered with a popular literature, much of which is of an excellent sort, and every one has had abundant opportunity to make himself familiar with technical terms, such as "sub-liminal consciousness," "double personality," "obsession," and many more, without having the fact at all adequately forced upon him that these terms hint at depths of ignorance which no one has adequately plumbed. Furthermore, it has been made obvious that great knowledge is not an essential element of the power to bring about striking cures in certain cases of nervous invalidism. Enthusiasm, "suggestion," expressed or even implied, confidence in another or one's self, obedience to a principle or a belief, have often proved sufficient to accomplish these results, whether in the tents of the medicine-man, the shrines of the churches, or the consulting-rooms of the experts. This discovery that persons not having a physician's training could often accomplish successfully a portion of what had previously been considered the physician's work has favored the establishment and growth of certain popular movements the study of which is full of interest. I have in mind especially the Christian Science movement, and that which came in under the name of "mind healing" and is represented by a number of persons who have believed in themselves and in their cause, and have benefited a great many of their followers. One striking feature of the Christian Science movement, which is present also, though to a much less degree, in "mind healing," is the

discarding of scientific and medical authority and methods. To this iconoclastic attitude the Christian Science movement has undoubtedly owed a certain measure of its success.

Then came the Emmanuel movement, with its cordial recognition of scientific and medical authority, yet with its assertion of an independent position on many medical questions, and its claim that it is the duty of the church to assume various responsibilities and utilize various methods that hitherto physicians alone had been considered qualified to employ. One avowed reason for the movement was a desire to strengthen the position of the church, and another was a belief in the insufficient preparation of the great body of the physicians for adequately seeing and dealing with the mental element in disease. This movement is still on trial. The vast majority of physicians unquestionably disapprove of it. But there are others who support it, and others still who welcome it as one of the means through which popular sentiment may arouse a keener interest in an important subject.

The leaders of the Emmanuel movement in Boston have, it is understood, recently adopted new rules and to some extent new principles for their guidance. But it is still held to be desirable for clergymen at large to act as practising physicians; that is, systematically, and as a part of their regular work, to give practical advice to sick persons with regard to their sicknesses, provided only that the plan has the approval, in each case, of a physician who at least nominally has the patient in his charge.

The question is not whether physicians who feel themselves unable to give in a suitable manner the moral advice and consolation which a patient needs should be given a better opportunity to secure the aid of clergymen especially interested in the mental and moral state of sick persons. It is whether the community should indorse a new form of medical specialty, represented by persons without adequate training for their task. It is unquestionably true that persons without medical training have sometimes utilized their talents and their devotion in giving object-lessons that physicians could profitably follow. It was an engineer of Zürich who gave the first definite impulse to the important movement for utilizing work of various sorts as a cure for nervous invalidism, and his successful efforts met with warm

appreciation. The *Naturärzte* of Germany went far beyond reasonable limits in substituting zeal for knowledge. Yet it has been asserted that their successes and their popular following did great service to the cause of physical therapeutics by forcing an important means of treatment upon the notice of scientific men. Private enterprises of these sorts stand, however, on a different plane from wide-spread movements to become the basis of organizable institutions.<sup>1</sup>

It is often said that physicians have only themselves to blame if so many of their patients have left them to join one or another popular movement, and that the success of these movements constitutes a species of rebuke to them for not having paid more attention to their patients' mental and spiritual needs. In fact, I do not think that the indication furnished by the number of adherents to the popular movements is really to be read in this sense, nor that the defects of the physicians are sufficient to justify the establishment of a new system. Obviously, a portion of the support given to such movements is mere restlessness and a vague hope of gain through change. Defects must, however, be admitted, both in the physicians' knowledge of the nervous system and its diseases and in their general attitude towards life. Many physicians are materialistic in their tendencies; familiar with the marvellous discoveries of natural science, they make the mistake of believing that the methods by which these discoveries have been made afford an avenue to the whole field of knowledge.<sup>2</sup> But, although these statements are true of many physicians, they are far from being true of all; and no one has been able to take a step of any consequence in the treatment of the nervous invalid without referring to the pioneer work which physicians are doing and have done.

<sup>1</sup> It has long been known to those who cared to know, that a few professed psychologists, whose studies, sympathies, and talents have led them to take a special interest in the condition of persons suffering from mental troubles, have given them advice and treatment through "suggestion" and in kindred ways. This has been done on such a limited scale that the question has never arisen in connection with it whether a new medical specialty was likely to become thereby established. It has been, rather, an affair of personal enterprise and experiment, analogous to that of the Zürich engineer referred to in the text.

<sup>2</sup> Farrar, *Journal of Nervous and Mental Diseases*, January, 1909.

I think it is true that physicians as a body, and even neurologists as a body, have been backward in the study and treatment of certain forms of nervous invalidism, but I feel less concerned to blame them for this lack of interest than to find out its cause and to help toward a better state of things. One portion of the cause has been that general practitioners have either seen or dimly felt the difficulties of the study, looked at from its scientific side, and have shrunk from making the effort needed to overcome them. Yet they shrank also from joining popular movements and felt it their duty to disapprove the action of those among themselves who adopted popular fashions of influencing nervous invalids.

There is something to regret and something to approve of in these attitudes; but, however that may be, the main object of interest for the community is to see that the defects of physicians are removed by a better education, and the relations between physicians and clergymen improved by a better comprehension of each other's aims.

Physicians and clergymen represent two different but co-ordinate professions. The community should be willing to show infinite patience with the mistakes and shortcomings of both, infinite willingness to note one by one the defects in their work with the purpose of removing them. At the same time their permanent distinction should be safeguarded, for the very life of two great institutions of civilization, each with a long history and manifest future, and each founded on a different set of instincts, is at stake. A profession represents the filtered thought and traditions of many generations; it is the product of growth and continuity; it represents more than the best of any individual or of many individuals. No one person can adequately represent the whole of these traditions, any more than one person can adequately represent all the good qualities of the nation to which he belongs. But what every one can do is to recognize a certain patent of nobility, and the obligations that go with it by virtue of the aggregate achievements of the profession to which he owes his allegiance. The standing in the community of the two professions of religion and medicine is unquestionably strong, and yet not by any means so strong but that it could be



stronger. It is the duty of each member of both of them, and of every man who believes that the community should husband its resources to the best advantage, to see to it that by his criticism, on the one hand, and his effective support, upon the other, he endeavors to strengthen their dignity and sense of responsibility and to define the boundaries of their respective functions.

The clergymen who now stand forward as the representatives of the new medical movement are able and energetic, and their purposes command our sympathy; they are in the first flush of recognition of their power in a new field over large numbers of their fellow-men; they see, as might have been predicted, diseases usually accounted very serious or even incurable apparently yielding to their touch. It would be impossible that they should escape a certain intoxication of success in the face of these experiences, impossible that they should abstain from using their new-found powers in ways that their own riper judgment might disapprove. On one side, it is urged, stands the community with its sorrows, on the other stands a band of men knowing themselves equipped with weapons for rescue and capable of utter devotion in the use of them. Why should they not rush in, thrust aside customs and conventions, constitute themselves a *posse comitatus*, and do what they can, as men for men?

There are many generous-minded persons who regard these facts and arguments as covering the case, and say that when the house is in flames it is no time to inquire too carefully into the credentials of those who pass the water-buckets. From this standpoint it would obviously be of little consequence whether the performance of the volunteer fire-brigade was in all respects up to the best technical standard, or whether or not it exactly squared with their intentions as at first asserted.

But do these sentiments really represent the facts? I think that they do not, and I ask you to consider, fairly and calmly, what really are the needs of the nervous invalid and of the community which contains nervous invalids, and by what organized means these needs can best be met.

It is common to hear it said: The teacher, the clergyman, the social worker, should treat the "mental disorders" of the invalid; the physician should treat his body; or, in other words, the

clergyman may treat "functional" diseases, the physician "organic" diseases.

But these distinctions are untenable and unworkable. The mind, strictly speaking, is not subject to disease, any more than is the force of gravitation; and the only practical question is, What are the conditions which prevent the mind from working to the best advantage, and how can these unfavorable conditions best be removed? The needs of the nervous invalid—which we may take as indicating the kinds of expert skill required in meeting them—can be roughly classified as follows. People become depressed, discouraged, the victims of fears and doubts, of the sense of isolation, of incompetency and failure, or of a thousand lesser or analogous ills, partly because of bodily illness, partly because of unfortunate mental habits—dating back it may be to experiences of childhood—which have become so fixed that they share the attributes of bodily illnesses; partly because of faulty mental attitudes; partly because of peculiarly unfavorable environments.

How may these unfavorable conditions best be neutralized? I shall speak only of two principal and contrasted methods. First, there is no doubt that one of the most effective ways of meeting the signs of invalidism is by boldly ignoring them and pressing forward confidently toward a better future. Many symptoms may be effectively side-tracked by an engrossing occupation, or made trivial through the growth of character, or reduced to insignificance under the touch of an inspiring personality or the acceptance of an inspiring creed. So much can, indeed, be accomplished in this way that it is not to be wondered at that this method should have been widely regarded—especially by vigorous-minded persons who had acquired skill in wielding the weapons that it furnished—as affording a complete solution of the problem of invalidism, and as adapted for unlimited use without fear that harm could follow.

Clergymen, parents, teachers, physicians, and neighbors have all utilized with good effect agencies of the kind just indicated, but the more conservative of them have felt that the method had its limitations. Gallantry, courage, energy, and faith can accomplish much, and may successfully carry many an invalid over

some danger-point or open for him new avenues of power. At the least it may enable him to fulfil an important task with credit, as in the case of Napoleon's ensign-bearer in Browning's "Rats-bon." But they may also conceal from him the need of other remedies until it is too late to use them to advantage. It is obvious that some way should be found for securing the benefits of this method without opening the door to too many of the risks which sometimes follow in its train.

The second method of meeting the needs of the nervous invalid is that which involves a careful searching out of all the bodily and mental causes of the invalid state, and an equally careful application of the appropriate physical and mental remedies. It takes much personal experience and strong interest to enable one even to appreciate the importance of this method, the difficulties attending its application, the length of training in all the branches of medicine, and the amount of personal investigation needed for making it successful and for eliminating the dangers that attend it. But on the development of this second method the very future of the scientific treatment of nervous invalidism depends. No large portion of the medical profession is as yet thoroughly aware of the importance of the part which that department of medicine that deals with the nervous system is bound to play in the future; and for most laymen the striking effects of the first of the two methods of treatment that I have here outlined has led to a misapprehension of the real province of the ideal neurologist, who must utilize both methods alike.

The specialty called neurology has been until recently accounted relatively narrow; but in fact it is bound in the end to be recognized as more important than any other specialty, just as the functions of the nervous system are more important, at least as regards success and happiness, than the functions of any other organ of the body. Functional nervous disorders are more common than any other class of disorders to which the human being is exposed. The troubles of the nervous invalid are full of interest, human and scientific, the more so because the invalid himself is often a person capable of intelligent co-operation and appreciation. The work of the neurologist brings him into close contact with all the great departments of medical theory and prac-

tice. Even ordinary fatigue induces disorders which the neurologist cannot understand unless he is theoretically and practically familiar with the work of the orthopedist, the gynaecologist, and the internist, and unless he is able to consult with them on almost equal terms. He must be equally familiar with the work of the laryngologist, the oculist, and the aurist, for the headaches and signs of mental weakness which occur so often with debilitated conditions of the nervous system may be induced by disorders of the organs with which these specialists have primarily to do. Thus, while the neurologist is himself neither an internist nor a surgeon of any of the numerous types, he must be in close sympathy with all of them. But the work of the ideal neurologist only begins with these sorts of co-operation. His acquaintance with the disorders of the mind makes him familiar also with a long series of great influences, varying from those that rock the foundations of society to those which contribute to its passions, its pleasures, and its needs, from which these disorders spring. He must study, likewise, the more intimate disturbances of the brain in its relations to the body and the mind; and the person who would fulfil such obligations must, for the time, take the standpoints of the pathologist, the chemist, the anatomist, the physiologist, the psychologist, and the student of philosophy. Let me go one step farther, and in doing so open the door leading to regions which in some respects are more important than any of those yet indicated, by saying that in dealing with patients suffering from fears and broken hopes the neurologist must feel himself in full sympathy with the clergyman.<sup>3</sup>

<sup>3</sup> I wish to acknowledge that it rests with the neurologists to see that the students who graduate at our medical schools have a far better training as regards the knowledge and qualities necessary for appreciating the needs of the nervous invalid and applying the suitable remedies than their predecessors have had. It is one of the advantages of specialism in medicine that the more prominent specialists, by gathering together and condensing into a small space the main results of their vast experience, can place at the service of their colleagues a collection of relatively simple principles of diagnosis and treatment which can then be utilized by a large number of practitioners. Every intelligent physician can thus obtain, if he will take the pains, a broad outlook over the whole field of medicine. But in order to take this broad view he must devote himself to the principles and practice of medicine with his whole heart and mind, making every other interest secondary to that. In order to give this teaching in the way it should be given, neurologists

I have given it as my opinion that the training and experience of the physician is absolutely indispensable for certain portions of the treatment of the nervous invalid, and that the ideal physician should be capable of appreciating, and in some measure of representing, the whole field of duties to which reference has been made. But in saying this I have not claimed that all physicians or all neurologists now fulfil these duties as they should, or that there are no others with whom these duties should be shared.

The work accomplished by the churches in behalf of the nervous invalid is, in its field, as important as that of the physician, while it is even broader in its scope. For the particular problems that come to each man and each profession for solution are all subservient to the larger problem of the duties of each man and each profession as members of the community, conceived in the widest sense. The churches stand for this wider view of personal responsibility, and are in a position to look at the problem of nervous invalidism, at the work of the medical profession as a whole, and at the moral and spiritual issues that this work involves, as against the background of a thousand other issues and problems of duty and opportunity related to the work of the lawyer, the statesman, the man of business, and the philanthropist, and to the problems of the rich and of the poor. The clergyman thus stands for the recognition of a sort of public service in which all professions may unite, and has the chance of pointing out for the benefit of each one the landmarks of moral progress to which the others have attained. But, further than this, he is the natural representative and exponent, through word and pen, of a great realm of scientific truth concerning the spiritual life of human beings, and of the sentiments that accompany, and in a sense forestall, conviction on these matters. Here his province overlaps the province of the philosophers; and, if the signs of the times are being rightly read, we are entering on a period when their joint arguments will secure a hearing to a degree that has

need endowed departments in our medical schools, and endowed hospitals in which nervous invalids can be adequately studied and treated. We must look for the means for accomplishing the difficult task before us to the liberality of interested members of the community. A generous friend of the Johns Hopkins Hospital in Baltimore has already provided an ample fund for this purpose in that city. This example should be imitated elsewhere.

been denied them during the past half-century of intense absorption in the scientific problems of the physicist and the biologist. I wish I could adequately express my appreciation of the service of this sort which the church can render, and has rendered, to the physician and to the nervous invalid.

Daily, to each of them, the question presents itself whether he shall content himself with the belief that the narrow world of sense and suffering within which he is apparently confined is necessarily bounded by a prison wall, or whether he may not discover that it is a world of freedom, of order, of beauty, and of power.

"While I walk about my chamber with unsteady steps, my spirit sweeps skyward on eagle wings, and looks out with unquenchable vision upon a world of eternal beauty"<sup>4</sup>—this is the sentiment of one who was deprived at an early age of the two senses of sight and hearing, yet who won a sense of spiritual freedom such as few attain to in greater measure. Visions of truth and power, of this and kindred sorts, have been gratefully received in the past at the hands of inspired ministers of the churches of every name, and of inspired writers like Emerson. Such preachers, such writers, have never lacked an audience.

But this sort of service by no means represents all that the churches have done for nervous invalids.

It is well known that the influence of clergymen as friendly advisers of individuals in distress has at times been great, and has been particularly marked, or at any rate particularly wholesome, when the social or pastoral relationship has been of long standing. The clergymen who have rendered this sort of service have not as a rule felt the need of special training other than that which they had acquired in studying and practising their own profession. The very fact that they have not pretended to great technical information has enabled them to impress with greater force the beliefs on which their lives were based.

The work of the clergymen for the sick has, as every one is aware, varied in amount in proportion to each man's special

<sup>4</sup>Helen Keller, *Sense and Sensibility*. *Century Magazine*, February and March, 1908.

sense of fitness. Some ministers shrink from sick persons, and go to them only from a sense of duty, while others feel an instinctive desire to make themselves of personal use to individuals in distress. The name of the late Bishop Brooks has often been mentioned in connection with this sort of work. The pastor of Emmanuel Church evidently belongs in this same class.

Something should be said as to the difficulty of estimating the number of persons who suffer from nervous symptoms so seriously as to need help from outside sources, and for whose needs the community should provide. In endeavoring to make this estimate, the significant fact should be borne in mind that it depends very much upon circumstances whether a man classes himself as sick or well. When new and attractive opportunities for treatment are offered, they are taken advantage of by new groups of applicants, especially if the treatments are of a sort to appeal strongly to the imagination and the sentiments. There are many invalids, also, who like to meet in groups, as if to make common cause in seeking relief from their afflictions and to gain from each other new enthusiasm and new hope. This is all in accordance with deep-seated human instincts, and accounts in part for the success of popular healing movements as well as of popular religious movements. It is something more than convenience that draws into one pilgrimage from many quarters the throngs that pay their annual visits to the shrine of Lourdes. The size of the multitude measures in part the success of the visit. But these chances of success necessarily attract many individuals who would have done better to stay at home or to seek advice in private. All of us have troubles of which we gladly would be rid, and in conversation with our friends, if in no other way, we often seek consolation, encouragement, or advice. But it oftens happens, also, that we purposely refrain from doing this, and feel ourselves the stronger for refraining. If this latter sentiment were recognized on a larger scale, the number of invalids in the community would seem smaller than it now does.

Still another inference suggests itself in this connection. It has been asserted that we physicians have not adequately appreciated the legitimate emotional needs of the people who make the

large popular movements possible, and have not prepared ourselves to offer them a sort of leadership that we could offer and they accept. My own experience induces me to believe that there is something to say for this opinion.

Let me summarize, in conclusion, the points to which I wish to call attention: There is undoubtedly a real problem of nervous invalidism, though just what its magnitude is it is impossible to say. Many different classes of citizens, including invalids themselves, have special opportunities and responsibilities in relation to this problem. Contributions of every sort, from whatever source they come, looking toward a solution of this problem, should be welcomed; but intelligent and liberal-minded persons who have the best interests of the community at heart should seek to strengthen the hands of those groups of persons who have laid out for themselves the most difficult and the most comprehensive portion of the task. The work of the church seems to me to consist mainly in the development of character and motives, and in these respects it occupies the same position with regard to the sick as to the well. Believing that individual enterprise and skill should be encouraged, yet not at the cost of endangering the progress of organized institutions, I should welcome the aid of clergymen as of real value, but should deprecate the systematic entrance of representatives of the churches into the medical field. Physicians should stand for the skilled employment of special means of preventing disease, with all its causes, and of treating sick persons;<sup>5</sup> clergymen represent

<sup>5</sup> I cannot leave this characterization of the physician's work without some reference to that of the social service workers, at present developed mainly in connection with certain hospitals and dispensaries. The nature of this admirable work, as organized three years ago at the Massachusetts General Hospital by Dr. Richard C. Cabot, deserves particular mention. The physicians to the great dispensaries save out some two or three hours from a busy day and devote them to giving what advice they can to a large number of patients whose illnesses present problems of the most varied sorts. In the department to which I am attached the needs of as many as forty patients must at times be considered by the physician and his assistants in the course of one forenoon. It is obvious that these physicians cannot find time to know in detail what goes on within the homes of these many individuals, nor to what harmful influences they are exposed; nor can they give the patient labor needed for ferreting out the best measures of relief. All this the social service worker spends her day in doing, ever increasing thereby her



the main agency by which the demoralization of invalidism is counteracted, and the misfortunes of the invalid transformed into a means of progress, through the instilling of moral courage, religious insight, and the sense of fellowship and of responsibility.

own rich stock of kindness, hopefulness, and wisdom, and leading the patients to exhibit these qualities in their turn. A piece of therapeutic work unique in dispensary experience has been done, through the help of these workers, in maintaining instruction in clay-modelling for some of the nervous invalids attending as out-patients at the Massachusetts General Hospital, and the intelligent co-operation of an outside friend has made it possible for these same patients to attend lectures at the Museum of Fine Arts.